

## CHAMPVA POLICY MANUAL

**CHAPTER:** 2  
**SECTION:** 15.3  
**TITLE:** HOME VISITS

---

**AUTHORITY:** 38 CFR 17.270(a) and 38 CFR 17.272(a)

**RELATED AUTHORITY:** 32 CFR 199.4(c)(2)(iv) and (e)(12)(ii)

---

### I. EFFECTIVE DATE

Effective January 1, 1992, the American Medical Association Current Procedural Terminology (CPT) evaluation and management service codes (i.e., visit codes) were revised. The former CPT 90000 series codes were replaced by a new CPT 99000 series. These new codes were adopted for CHAMPVA claims processing for claims submitted on or after January 1, 1992.

### II. PROCEDURE CODE(S)

A. Physician Code Range: 90801, 90802, 90804-90815, 90847, 90862, 99341-99350

B. Non-Physician Code Range: 90801, 90802, 90804-90815, 90847, 90862, 99341-99350, 99500-99507, 99511, 99512, 99600, 99601-99602

Note: Skilled nursing service (99341-99350) may be reported separately, using the modifier-25, if the patient's condition requires a significant separately identifiable E/M service, beyond the home health service(s)/procedure(s) (99500-99507, 99511, 99512, 99600, 99601-99602).

### III. DESCRIPTION

Visits provided by an individual professional provider for beneficiaries who are homebound.

### IV. POLICY

A. Home visits are covered when provided by an individual professional provider for the diagnosis or treatment of a covered condition for beneficiaries who are homebound or whose condition is such that home visits are indicated. The level of service is based on the:

1. approach and detail of the medical history;

2. extent of the examination;
3. complexity of the decision making process; and
4. severity of the presenting problem.

B. Typical times have not yet been established for this category of service.

C. Home Health Nurse. Services of a home health nurse may be cost shared when the services are provided in the patient's place of residence, are medically necessary, and prescribed by a physician. Home health nurse services are subject to clinical review for medical necessity.

## V. POLICY CONSIDERATIONS

If the patient has been determined to be receiving custodial care, those home visits which are specifically related to the treatment of the custodial care conditions are covered only as follows.

1. When provided by a visiting nurse, such visits may be covered up to one hour per day for skilled nursing care.
2. When provided by a physician, may be covered up to twelve (12) visits per calendar year (not to exceed one per month). Physician visits, regardless of the place of service, will be limited to the calendar year maximum when the treatment is for custodial care conditions. Physician visits for other than custodial care conditions are not limited to the calendar year maximum.

## VI. EXCLUSIONS

- A. Home visit, sleep studies.
- B. Home visit, day life activity (CPT 99509).
- C. Home visit, individual/family/marriage counseling (CPT 99510).

**\*END OF POLICY\***